C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

January 18, 2008

Robert Breinholt Creekside Home Health PO Box 65788 Salt Lake City, Utah 84165

Dear Mr. Breinholt:

This is to advise you of the findings of the Medicare survey at Creekside Home Health which was concluded on January 10, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

- 1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for <u>all</u> individuals potentially impacted by the deficient practice.
- 2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
- 3. Identify the date each deficiency has been, or will be, corrected.
- 4. Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **January 31, 2008**, and keep a copy for your records.

Robert Breinholt January 18, 2008 Page 2 of 2

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

PATRICK HENDRICKSON Health Facility Surveyor Non-Long Term Care

SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

PH/mlw

Enclosures



#### 1246 Yellowstone Ave., Suite C5 Pocatello, Idaho 83201

January 30, 2008

RECEIVED

Mr. Patrick Hendrickson Health Facility Surveyor, Non-Long Term Care Idaho Department of Health & Welfare 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036

FEB 0 1 2008

FACILITY STANDARDS

Dear Mr. Hendrickson:

Your survey team conducted a Medicare survey at the Creekside Home Health office in Idaho Falls, which concluded on January 10, 2008. On January 25, 2008, we received the official Statement of Deficiencies. In response to your findings, we have prepared a Plan of Correction. Enclosed is our plan.

We appreciated your survey team's professionalism and willingness to educate us during the survey process. If you have any questions regarding the Plan of Correction, please give me a call at 801-388-7610.

Sincerely,

Susan White

Regional Administrator

Susan White

FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		137105	B. WING		01/10/2008	
	ROVIDER OR SUPPLIER		36	EET ADDRESS, CITY, STATE, ZIP CODE 86 WASHINGTON PARKWAY 9AHO FALLS, ID 83404		
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	Medicare recertifi	iciencies were cited during the cation of your agency. cting the review were:		FEB 0 1 2000		
	Patrick Hendricks Rae Jean McPhil Patricia O'Hara, F			TAG: G 101; REGULATION 484.10 Patient Rights  The director of nursing (DOI	1/22/08 N) held	3:
	Acronyms used in HHA = Home Her RALF = Resident POA = Power Of RN = Registered	alth Agency ial Assisted Living Facility Attorney		a nurses meeting on 1/22/2 and in-serviced the nursing patient rights. The DON revithe agency's responsibility finforming patients of their rincluding who (e.g. patient)	staff on viewed for ights, and/or	
G 101	The patient has t		G 101	POA) to inform; providing a copy of the bill of rights; an obtaining a signed consent treatment.	ıd	
	This STANDARD Based on record determined the Hor their POAs had there was docum had conscientiou the individual situ their POAs in wri 3 of 8 patient's (# were reviewed th include: The HHA's "Clin			Beginning in January 2008, quality nurses have begun monitoring admission paper ensure that the medical recall newly admitted patients a Consent and Notification is signed by the patient, POA, other appropriate patient representative. The quality are using a written audit too (Intake Checklist) to record findings. If admission pape missing or incomplete for 5 more days, the quality nurs communicate the informatic the DON for appropriate follows.	rwork to ords for include form, or nurses ol their erwork is or ses will on to	
	i	un-dated, stated "The agency		7:44 E	(Ve) DATE	

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Regional Administrator

VO) DWIE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PRINTED: 01/18/2008 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IULTIPL LDING	E CONSTRUCTION	(X3) DATE : COMPL	
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G 101	will obtain a signed form [sic] the patier On 1/10/08 at 8:30 Assurance Officer a signed copy of the The HHA's "PATIE RESPONSIBILITIE has a right to be into the right to be notifications before the heath agency must family with a writter. The HHA's "Conse undated, said "I voservice(s) provided consent to the release skilled nursing facily physician, or home received a copy of Responsibilities, will health Agency Hot the Notice of Private in the state of the patient of the patient in the patient i	'Consent for Treatment' form nt and/or the patient's family." AM, the HHA's Quality stated that this was to include	G	101			
	and was a current survey. The patient who was admitted an open wound and medical record did the agency's "Consincluded the patient On 1/9/08 at 3:15 F confirmed that ther	dmitted to the HHA on 10/3/07 patient at the time of the at was a 96 year old female to the HHA with diagnoses of d vertebroplasty. The patient's not contain a signed copy of sent and Notification Form" that ats rights.  PM, the admitting nurse was no documented patient had signed the agency's					

Facility ID: OAS001135

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	ULTIPI LDING	LE CONSTRUCTION	(X3) DATE SU COMPLE	
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FORM APPROVED
OMB NO. 0938-0391

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		naintain documentation showing ed with the requirements of this		On 1/29/2008, the age implemented a policy t addresses who has aut sign the agency's admi	ncy hat hority to	
	Based on record determined the a agency had a polywho had authority paperwork for paimpaired and at rinvolved 2 of 2 precords were rev	review and staff interview it was gency failed to ensure the HHA licy and procedure in place for y to sign the HHA's admission tients who were cognitively isk for exploitation. This atients (# 6 and 8) whose lewed, who were cognitively risk for exploitation. The findings		paperwork for patients cognitively impaired ar exploitation. See attack.  The policy was reviewe approved on 1/29/200 agency's board of directions.	who are nd at risk for thed. d and 8 by the	
	and was a currer survey. The path who was admitted muscle weaknes patient had a "Du Health Care", day granddaughter at a RALF on 1/9 observed to be dimpaired judgme patient's record of Notification Form voluntarily conse [HHA's Name] of information and facility, assisted	admitted to the HHA on 12/28/07 at patient at the time of the ent was a 85 year old female d to the HHA with diagnoses of s and Alzheimer's Disease. The grable Power Of Attorney For ted 1/10/05, assigning her sher POA. During a home visit 1/08 at 10:15 AM, the patient was isorientated, confused with nt and altered perception. The contained a "Consent and to the service(s) provided byI hereby consent to the release by any hospital, skilled nursing living facility, physician, or home have received a copy of the				

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Contract Contract		AND HUMAN SERVICES  & MEDICAID SERVICES				FORM	APPROVED
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	HOME HEALTH AI	DE	•	<b>66</b> 7	TAG: G 224; REGULATIO 484.36(c)(1) Assignme	nt of	1/28/08
	health aide must be nurse or other appr	prepared by the registered oprlate professional who is			Duties of Home Health The DON held a nurses m		
		supervision of the home aragraph (d) of this section.			1/22/2008 and in-serviced nursing staff on their hom aide supervisory responsible.	e health pilities.	
	Based on record re determined the age completed the aide supervision for 1 of received care from	s not met as evidenced by: view and staff interview, it was ency failed to ensure the RN care plan and provided 5 sampled patients who a home health alde (#1). The		** ***********************************	The DON addressed provious aides with written patient instructions, supervising the provided, and ensuring the aides are following the placare.	care he care at the	
	admitted to the HHz wound and vertebro patient's record cor 10/29/07, that order week until the end of 12/1/07. The record care to guide the 12/1/07. The RN wand was responsible aide documented, of that the aide had for Additionally, the recorders, dated 12/3/01 time a week for 9 dated 12/2/07, documented	S year old female who was A with diagnoses of an open opiasty on 10/3/07. The stained physician orders, dated red aide services 2 times a of the certification period of did not contain a written plantaide from 10/29/07 through the provided care to patient the for the supervision of the on 11/10, 11/15 and 11/17/07, allowed the written plan of care. For contained physician's 07, that ordered aide services weeks. An aide plan of care, amented the aide was to g services on every visit:			On January 28, 2008, the nurses revised their audit for home health aide super The audit will be performed clinical records at the time recertification and at discipant of supervisory visits (at less 14 days); a written plant of signed by an RN; and the home health aide is follow written plant of care. Neg audit findings will be reported.	process ervision. ed on all e of harge. rification east every of care, t the ving the ative orted to	
	Shower: Stand/Cha Skin Care: Lotion/B Assist Dressing	i					

Vital Signs (temperature, pulse, respirations and

NAME OF PROVIDER OR SUPPLIER  CREEKSIDE HOME HEALTH INC  (X4) ID  (X4) ID  (X4) ID  (X5) ID  (X6) ID		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPI LDING	LE CONSTRUCTION	(X3) DATE SI COMPLE	
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PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  G 224  Continued From page 7  blood pressure)  Aide visit notes did not provide documentation that the aide provided skin care on 12/5/07, 12/12/07 or 1/4/08. Further, the aide visit notes did not provide documentation of vital signs for 12/5/07, 12/12/07, 12/12/07, that the aide was following the written plan of care. There was no other documentation contained in the record after 12/12/07 from the RN.  1/9/07 at 12:10 PM, the nurse who was supervising the aide and did the documentation  PREFIX TAG  REACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  CROSS-REFEREN			INC		368	36 WASHINGTON PARKWAY		
Aide visit notes did not provide documentation that the aide provided skin care on 12/5/07, 12/12/07 or 1/4/08. Further, the aide visit notes did not provide documentation of vital signs for 12/5/07, 12/12/07, 12/26/07 and 1/4/08. The RN documented, on 12/6/07, that the aide was following the written plan of care. There was no other documentation contained in the record after 12/12/07 from the RN.  1/9/07 at 12:10 PM, the nurse who was supervising the aide and did the documentation	PREFIX	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API	IOULD BE	COMPLETION
	G 224	blood pressure)  Aide visit notes did that the aide provid 12/12/07 or 1/4/08. did not provide doc 12/5/07, 12/12/07, documented, on 12 following the writter other documentatio 12/12/07 from the F 1/9/07 at 12:10 PM supervising the aid.	not provide documentation led skin care on 12/5/07, Further, the aide visit notes umentation of vital signs for 12/26/07 and 1/4/08. The RN 2/6/07, that the aide was a plan of care. There was no on contained in the record after RN.  , the nurse who was e and did the documentation	G:	224			

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING\_ 137105 01/10/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3686 WASHINGTON PARKWAY CREEKSIDE HOME HEALTH INC IDAHO FALLS, ID 83404 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) \ N 000 N 000 16.03.07 INITIAL COMMENTS FEB 0 1 2008 The following deficiencies were cited during the Medicare recertification of your agency. Surveyors conducting the review were: TAG NOGE, IDAPA 1/22/08 16.03.07.020 Patrick Hendrickson, RN, HFS, Team Leader ADMINISTRATION-GOVERNING Rae Jean McPhillips, RN, HFS **BODY, 04 Patient Rights** Patricia O'Hara, RN, HFS The director of nursing (DON) held Acronyms used in this report: a nurses meeting on 1/22/2008 and in-serviced the nursing staff on HHA = Home Health Agency patient rights. The DON reviewed RALF = Residential Assisted Living Facility the agency's responsibility for POA = Power Of Attorney informing patients of their rights, RN = Registered Nurse including who (e.g. patient and/or SOC = Start of Care POA) to inform; providing a written copy of the bill of rights; and N 016 N 016 03.07020, ADMIN, GOV, BODY obtaining a signed consent for treatment. N016 04, Patients' Rights, Insure that patients' rights are recognized and include as a minimum the Beginning in January 2008, the following: quality nurses have begun monitoring admission paperwork to b. A patient has a right to be ensure that the medical records for informed of his rights and has a right all newly admitted patients include to be notified in writing of his a Consent and Notification Form, rights and obligations before signed by the patient, POA, or treatment is begun. HHAs must provide other appropriate patient each patient and family with a written representative. The quality nurses copy of the bill of rights. A signed, are using a written audit tool dated copy of the patient's bill of (Intake Checklist) to record their rights will be included in the findings. If admission paperwork is patient's medical record. missing or incomplete for 5 or This Rule is not met as evidenced by: more days, the quality nurses will Refer to Federal deficiency G 101, as it relates to communicate the information to the failure of the agency to ensure that patients or the DON for appropriate follow up. their POAs had been informed of their rights or

**Bureau of Facility Standards** 

TITLE

(X6) DATE

JSRU11

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING \_ 137105 01/10/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3686 WASHINGTON PARKWAY CREEKSIDE HOME HEALTH INC IDAHO FALLS, ID 83404 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY N 016 | Continued From page 1 N 016 TAG N 090; IDAPA 16.03.07.023 there was documented evidence that the HHA POLICY AND PROCEDURE MANUAL, 1/29/08 had conscientiously tried, within the constraints of 02, j. Patient Rights the individual situation, to inform the patients or their POAs in writing of their rights. On 1/29/2008, the agency implemented a policy that addresses who has authority to sign the agency's N 090 N 090 03,07023, POL, & PROC. admission paperwork for patients who are cognitively impaired and at risk for N090 02. Contents. The manual will, exploitation. See attached. at a minimum, include policies and procedures reflecting the: The policy was reviewed and approved on 1/29/2008 by the agency's board of I. Patient rights. directors. This Rule is not met as evidenced by: TAG N 122; IDAPA 16.03.07.024 Refer to Federal deficiency G 103, as it relates to 1/28/08 SKILLED NURSING SERVICES, 05. c. the failure of the agency to ensure it had a policy and procedure in place for who had authority to The DON held a nurses meeting on sign the HHA's admission paperwork for patients 1/22/2008 and in-serviced the nursing who were cognitively impaired and at risk for staff on their home health aide exploitation. supervisory responsibilities. The DON addressed providing the aides with written patient care instructions, N 122 N 122 03.07024.SK.NSG.SERV. supervising the care provided, and ensuring that the aides are following N122 05. Training, Assignment and the plans of care. Instruction of A Home Health Aide. On January 28, 2008, the quality c. Written instructions for nurses revised their audit process for home care, including specific home health aide supervision. The exercises, are prepared by a audit will be performed on all clinical registered nurse or therapist as records at the time of recertification appropriate. and at discharge. The audits will include verification of supervisory visits This Rule is not met as evidenced by: (at least every 14 days); a written plan Refer to Federal deficiency G 224, as it relates to of care, signed by an RN; and that the the failure of the agency to ensure the RN had home health aide is following the completed the aide care plan and provided written plan of care. Negative audit supervision. findings will be reported to the DON for appropriate follow up.

JSRU11

	Number: 1.19
Policy Section: Ethics, Rights, and Responsibilities	Effective Date: 1/29/08
Subject: Informed Consent	Revision Date:
	Page Number: 1 of 2

CFR 484.10(a) Notice of Rights; 484.10(b) Exercise of rights and respect for property and person; 484.10(c) Right to be informed and to participate in planning care and treatment; IDAPA 16.03.07 Rules for Home Health Agencies: 020 ADMINISTRATION – GOVERNING BODY, 04 Patients' Rights; Utah Administrative Code, R432-700 Home Health Agency Rule, 16 Patients' Rights

#### **POLICY**

Upon admission and throughout the course of care, the patient and family/caregiver will be:

- (1) Provided with information to make informed decisions regarding the care being performed
- (2) Encouraged to participate in the plan of care, as well as for planning for transfer, referral, or discharge
- (3) Informed about the outcomes of care, treatment, and services, including unanticipated outcomes
- (4) Allowed to refuse all or part of care offered to the extent permitted by law

#### **PURPOSE**

To inform the patient and/or appropriate family/caregivers of the risks and benefits associated with care provided in the home and to obtain a written consent for the care provided

#### **PROCEDURE**

- 1. During the admission visit and at follow-up visits, as appropriate, the patient and/or family/caregiver will be given information that describes:
  - a. The services and disciplines anticipated to be involved in the care of the patient
  - b. The nature and purpose of any proposed care, treatment, service, medications, interventions, and procedures, including written information when available
  - c. The potential benefits and risks or side effects, including potential problems related to recuperation
  - d. The names of personnel primarily responsible for providing care, treatment, and services and the names of those actually providing care
  - e. The likelihood of achieving care, treatment, and service goals

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- f. Reasonable alternatives to the proposed care, treatment, and service goals
- g. Relevant risks, benefits, and side effects related to alternatives, including the possible results of not receiving care, treatment, and services
- h. When indicated, any limitations to the confidentiality of information learned from or about the patient
- 2. If the patient agrees with the proposed care and physician's orders, the patient will be asked to sign the consent form, and the consent form will become a part of the patient's medical record.
  - a. A surrogate decision maker may give informed consent for the patient if:
    - i. The patient is not physically able to sign the form
    - ii. The patient has been judged to be mentally incompetent
    - iii. The patient requests that the surrogate decision maker sign the informed consent
  - b. The surrogate decision maker may include:
    - i. The attorney-in-fact, appointed pursuant to a durable power of attorney for health care
    - ii. A court appointed conservator granted authority by the court to make health care decisions for the patient
    - iii. Other individuals, as permitted under state law
- 3. When appropriate, the family/caregiver will be utilized in the care and treatment of the patient. This may include:
  - a. Assisting with ordered treatments (with physician or other authorized practitioner approval)
  - b. Carrying out activities specified in the plan of care
  - c. Encouraging the patient with specified activities
  - d. Performing activities when agency personnel are not present
- 4. The patient may refuse all or part of the care offered.
- 5. The patient will be informed of the expected consequences whenever treatment or care is refused. The responsible agency representative will document such refusals and notify the patient's physician. Documentation will include the following:
  - a. Date and time of the visit or phone contact
  - b. Specific care or treatment refused
  - c. Description of what the patient was told regarding the consequences of the refusal
  - d. Date and time of physician contact
  - e. Any resulting physician orders
  - f. The patient's response following any explanations